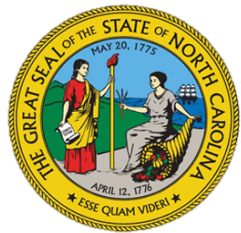


# North Carolina COVID-19 Vaccine Management System

## CVMS Recipient Portal User Guide

Version 4

January 19, 2021



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**





If you have any questions, issues or requests, please go to the

CVMS Help Desk Portal\* at  
[https://ncgov.servicenow.services.com/csm\\_vaccine](https://ncgov.servicenow.services.com/csm_vaccine)

\* On the home page of the CVMS Help Desk Portal, select the "**Vaccine Recipient**" option to submit your question, issue, or request, and fill the form with your question.

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# CVMS Recipient Portal Overview

# Overview



Since there is initially a very limited supply of COVID-19 vaccines, **North Carolina has implemented a risk-based prioritization approach** based on guidance from the National Academy of Medicine, the CDC's Advisory Committee Immunization Practice, and the NC Institute of Medicine.

During the first stages of vaccination, you will need to be invited by an authorized organization first (your employer or your care provider). At a later stage, it will be possible to self-register allowing any **North Carolinian candidate-recipients to register prior to receiving the COVID-19 vaccine.**

*In this guide, you will learn how to:*

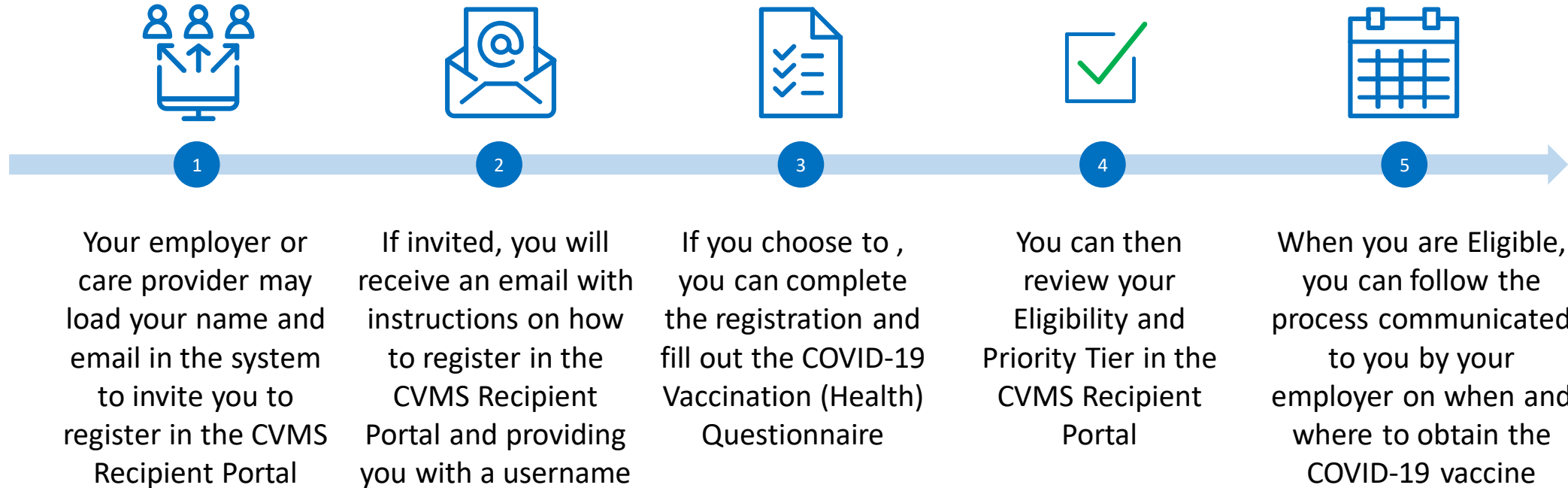
1. Create your account in the CVMS Recipient Portal
2. Complete the COVID-19 Vaccination (Health) Questionnaire
3. Check your priority tier group and eligibility
4. Update your registration details, if needed
5. And view your Proof of Vaccination after receiving each of your vaccine doses

Please use the latest version of Chrome, Edge (Chromium) Firefox, or Safari (Internet Explorer or Edge non-chromium will *not* be supported).

**Now, let's get started!**

# CVMS Recipient Portal Overview

During the first phases of the COVID-19 Vaccination program of North Carolina, your participating employer may invite you to register in the CVMS Recipient Portal.



***Note: If you are unable to register by yourself, you might also contact your participating care provider to verify your eligibility and schedule an appointment to receive the COVID-19 vaccine.***

***They may provide you with a paper registration form to complete prior to your receiving the COVID-19 vaccine.***

# Terminology



Priority Tier



Eligibility

Since there is initially a very limited supply of COVID-19 vaccines, **North Carolina has implemented a risk-based prioritization approach** based on guidance from the National Academy of Medicine, the CDC's Advisory Committee Immunization Practice, and the NC Institute of Medicine.

The **NC population is divided into five Priority Tier Groups based on an individual's occupation, medical history, and age.**

Health Care Workers & Long-Term Care Staff and Residents are assigned to **Group 1.**

Anyone 65 years or older will be assigned to **Group 2.**

**Group 3** will include the Frontline essential workers (the CDC defines frontline essential workers as workers who are in sectors essential to the functioning of society and who are at substantially higher risk for exposure to COVID-19, regardless of health status or living situation).

Adults at High Risk for Exposure and Increased Risk of Severe Illness will be included in **Group 4.**

Everyone else will be assigned to **Group 5.**

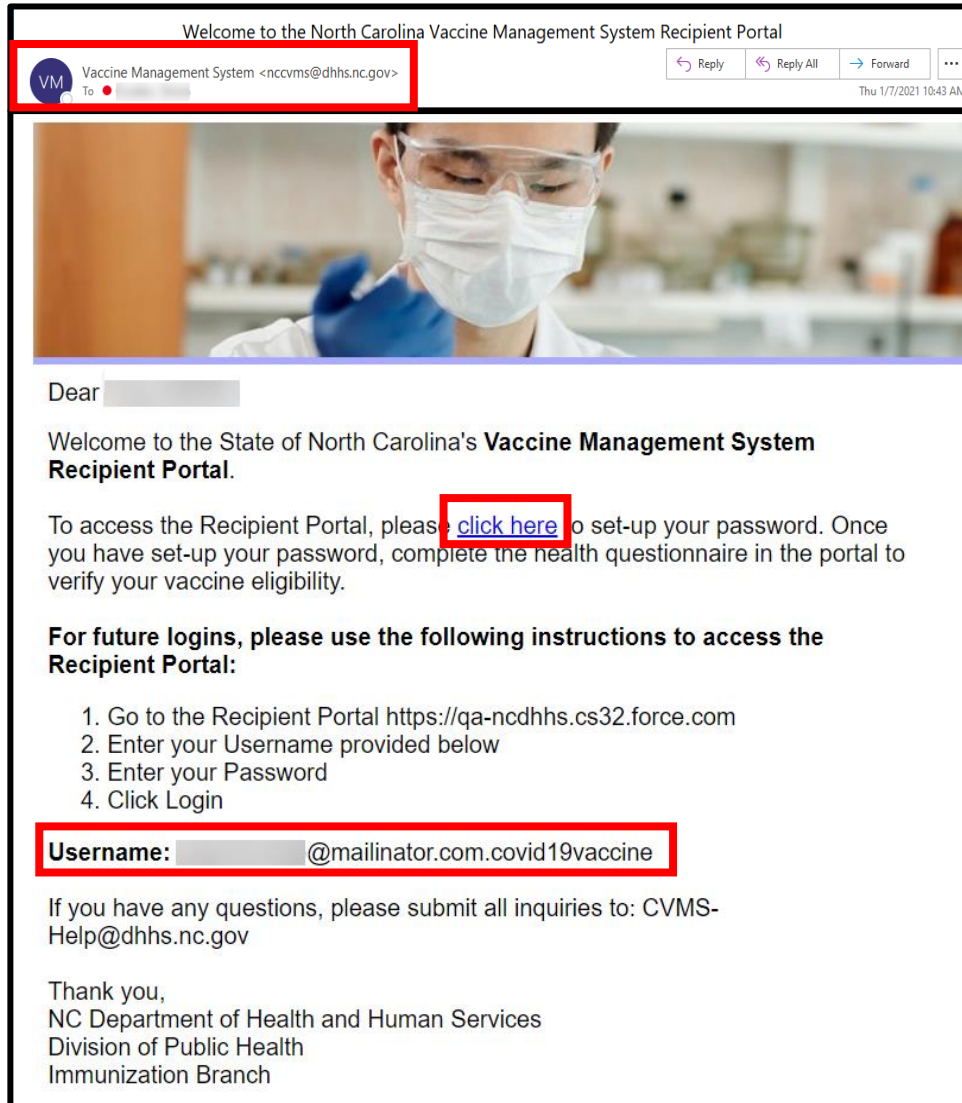
Note that anyone younger than 16 years old is currently not eligible as no vaccine are currently approved for that part of the population.

A Recipient's **Eligibility status is determined by the Priority Tier they fall under** as determined by the NC Immunization Branch. Eligibility requirements may be adjusted in the future by the NC Immunization Branch.

# Register for the CVMS Recipient Portal



# Step 1 of 8: Register for the CVMS Recipient Portal



After your employer or care provider uploads your name and email address into the CVMS Provider Portal, **you will receive an email inviting you to register on the CVMS Recipient Portal.**

**The email will come from:**

Vaccine Management System [nccvms@dhhs.nc.gov](mailto:nccvms@dhhs.nc.gov)

**Email Subject:** Welcome to the North Carolina Vaccine Management Recipient Portal

**This EMAIL CONTAINS A LINK TO RESET YOUR PASSWORD.** Your **USERNAME** is listed in the email.

1. Click the **LINK** in the email
2. The password reset page appears, follow the instructions to create your password

## Audience

Recipient

## Tips

Your CVMS Recipient Portal username is unique. It will have **.covid19vaccine** added to the end of the email address that was provided when your account was created.

**Update:** The email CVMS-Help@dhhs.nc.gov mentioned in this screenshot is now retired.

Please contact the [CVMS Help Desk Portal](#) with any questions!

## Step 2 of 8: Change your CVMS Recipient Portal Password

1. Follow the prompts to create a password for the Recipient Portal
2. Click **CHANGE PASSWORD**
3. You will be directed to the CVMS Recipient Portal Homepage

### Audience

Recipient

### Tips

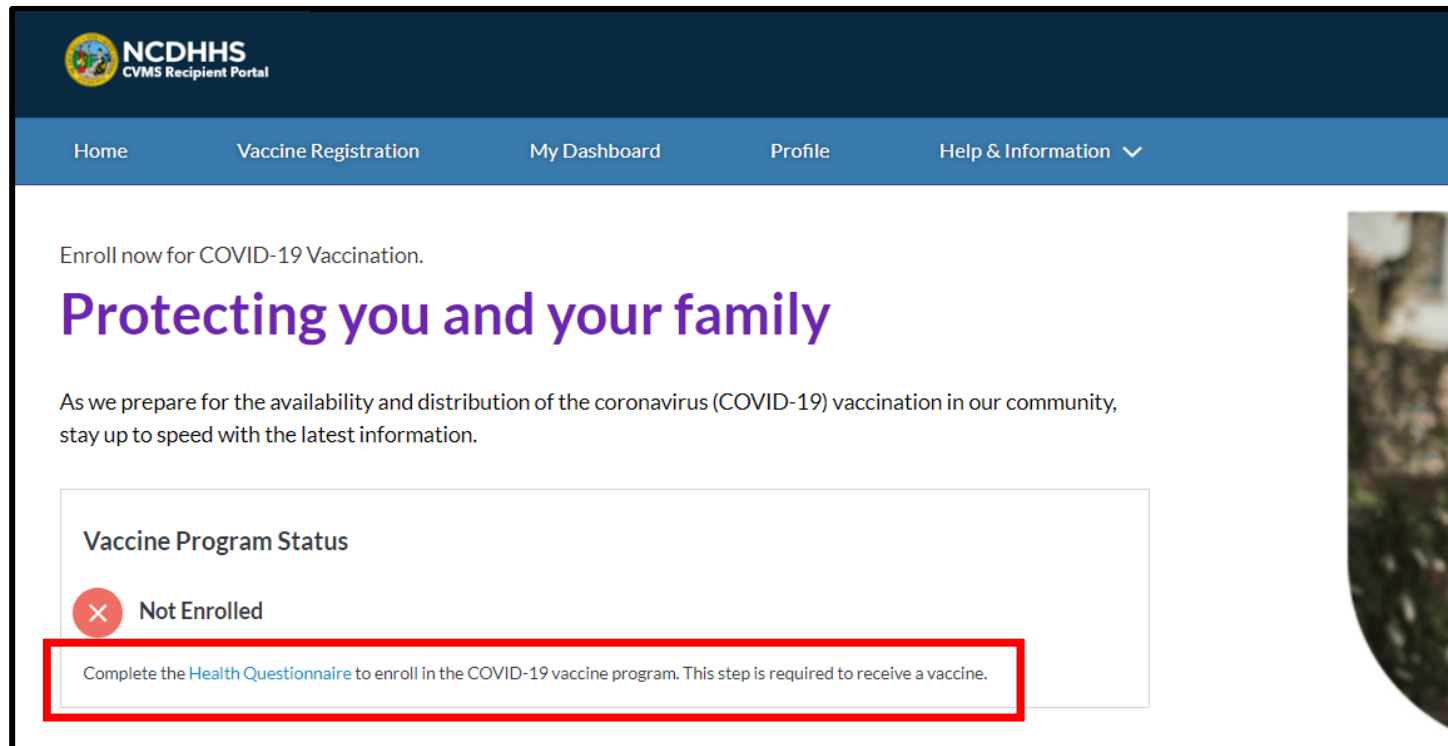
Choose a password that meets the criteria specified on the page: 12 characters or more, 1 letter or more, 1 number or more.


## Step 3 of 8: Complete the COVID-19 Vaccination (Health) Questionnaire

1. From the Home Page, you will be prompted to complete the **COVID-19 VACCINATION (HEALTH) QUESTIONNAIRE**
2. Click **HEALTH QUESTIONNAIRE**
3. After completing the COVID-19 Vaccination (Health) Questionnaire, you will receive your **ELIGIBILITY** and **PRIORITY TIER**

### Audience

Recipient



 **NCDHHS**  
CVMS Recipient Portal


Home Vaccine Registration My Dashboard Profile Help & Information ▾

Enroll now for COVID-19 Vaccination.

## Protecting you and your family

As we prepare for the availability and distribution of the coronavirus (COVID-19) vaccination in our community, stay up to speed with the latest information.

### Vaccine Program Status

 Not Enrolled

Complete the [Health Questionnaire](#) to enroll in the COVID-19 vaccine program. This step is required to receive a vaccine.

## Step 4 of 8: Begin COVID-19 Vaccination (Health) Questionnaire

After clicking Health Questionnaire, the COVID-19 Vaccination (Health) Questionnaire appears. **You must complete the questionnaire prior to receiving the COVID-19 vaccine to receive your Priority Tier and Eligibility status.**

1. **READ** the statement before starting the questionnaire
2. You must **CHECK THE BOX** to confirm your consent
3. Click **START QUESTIONNAIRE** to continue the Vaccine Registration process

The screenshot shows a web application interface for the COVID-19 Vaccination Questionnaire. At the top is a blue navigation bar with links: Home, Vaccine Registration, My Dashboard, Profile, and Help & Information (with a dropdown arrow). Below the navigation bar is a progress bar with four steps: Introduction (highlighted in blue), Contact and Demographic Detail, Medical Details, and Confirmation. The main content area is titled "COVID-19 Vaccination Questionnaire" in blue. Below the title, a paragraph reads: "Thank you for your interest in the COVID-19 vaccine. We must gather personal information to determine what priority tier you align to when the COVID-19 vaccine is available. The questionnaire takes about 5-10 minutes to complete." Below this paragraph is a red-bordered box containing a checkbox and the text: "I certify that I am: (a) at least 18 years of age (b) the parent or legal guardian of the minor patient; or (c) the legal guardian of the patient. Further, I hereby give my consent to the licensed healthcare provider administering the vaccine, as applicable (each an 'applicable Provider'), to share my personal, demographic and health condition information in order to provide me with vaccination services for the COVID-19 vaccine. I understand that the health information shared within this questionnaire will be used to determine my eligibility for receiving the COVID-19 vaccination and further determine timing of when the vaccine will be made available to me." At the bottom right of the form is a blue button labeled "Start Questionnaire", which is also highlighted with a red border.

### Audience

Recipient

# Step 5 of 8: Enter Your Contact and Demographic Details

You will first enter your **CONTACT AND DEMOGRAPHIC DETAILS**.

- 1. Enter **ALL REQUIRED FIELDS**
- 2. Answer the **REQUIRED QUESTION** at the bottom of the page
- 3. Click **CONTINUE** at the bottom of the page

HomeVaccine RegistrationMy DashboardProfileHelp & Information

Introduction

Contact and Demographic Detail

Medical Details

Confirmation

Tell us a bit about yourself

\* First Name

JuanLuis

\* Last Name

Troche

\* Street

\* City

\* County

--Select--

\* State

--Select--

\* Zip Code

\* Country

Email

juanluis1troche@mailinator.com

Home Phone

Mobile Phone

\* Best way to contact you

--Select--

\* Date of Birth (MM/DD/YYYY)

\* Race

--Select--

\* Ethnicity

--Select--

\* Gender

--Select--

\* Do you identify as any of the following?

--Select--

\* Are you a member of a state or federal recognized tribal nation?

Yes

No

If yes, what is the name of community?

Next

## Audience

Recipient

## Tips

You will be able to update this information after you submit the form.

## Step 6 of 8: Enter Your Medical Details

You will then be directed to **MEDICAL DETAILS**.

1. Answer the **REQUIRED QUESTION**
2. Click the **LINK** to see list of conditions known to increase risk of severe illness to COVID-19
3. Click **NEXT**

### Audience

Recipient

The screenshot shows a web application interface for vaccine registration. At the top is a navigation bar with links: Home, Vaccine Registration, My Dashboard, Profile, and Help & Information. Below the navigation bar is a progress bar with four steps: Introduction (green), Contact and Demographic Detail (green), Medical Details (blue and highlighted with a red box), and Confirmation (grey). The main content area is titled 'Please provide your medical background' in blue. It contains a required question: '\* How many conditions known to increase risk of severe illness from COVID-19 do you have?'. Below the question are three radio button options: 'None', '1', and '2 or more'. A link is provided: '\*Review the CDC website to see list of conditions known to increase risk of severe illness to COVID-19 at: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>'. At the bottom left is a 'Previous' button, and at the bottom right is a 'Next' button, which is highlighted with a red box.

Home Vaccine Registration My Dashboard Profile Help & Information ▾

Introduction Contact and Demographic Detail **Medical Details** Confirmation

Please provide your medical background

\* How many conditions known to increase risk of severe illness from COVID-19 do you have?

☐ None

☐ 1

☐ 2 or more

\*Review the CDC website to see list of conditions known to increase risk of severe illness to COVID-19 at:  
<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

Previous Next

# Step 7 of 8: Confirm and Submit Your COVID-19 Vaccination (Health) Questionnaire

**REVIEW** the information you entered before submitting the COVID-19 Vaccination (Health) Questionnaire.

1. If the information is correct, click **SUBMIT**
2. To make a change, click **PREVIOUS**

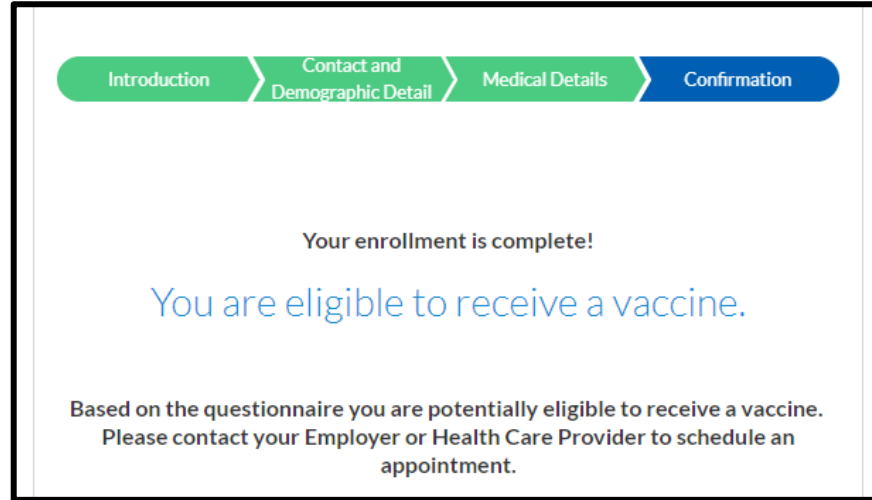
## Audience

Recipient

The screenshot shows the 'Confirmation' step of a questionnaire. At the top, a navigation bar includes links for Home, Vaccine Registration, My Dashboard, Profile, and Help & Information. Below this is a progress bar with four steps: Introduction, Contact and Demographic Detail, Medical Details, and Confirmation. The 'Confirmation' step is highlighted with a red box. The main content area is titled 'Confirm and submit to enroll' and contains the instruction: 'Please confirm your details below, and click submit at the bottom of the page to complete your enrollment'. Under the heading 'Background Information', the following details are listed: First Name: Julian2, Last Name: Troche, Street: 123 Main St., City: Raleigh, County: Wake, State: North Carolina, Zip Code: 20609, Country: USA, Email: julian2troche@mailinator.com, Home Phone:, Mobile Phone:, Best way to contact you: Email, Date of Birth (MM/DD/YYYY): 1982-01-01, Race: Asian, Ethnicity: Hispanic or Latino, Gender: Female, Do you identify as any of the following?: High Risk (Phase 1a) Healthcare Worker, Are you a member of a state or federal recognized tribal nation?: No, If yes, what is the name of community?:, and How many conditions known to increase risk of severe illness from COVID-19 do you have?: 1. At the bottom of the page, there are two buttons: 'Previous' and 'Submit', both of which are highlighted with red boxes.

## Step 8 of 8: View your Eligibility

After clicking Submit, your **REGISTRATION IS COMPLETE**. On this page, you will be told if you are potentially **ELIGIBLE** or **NOT ELIGIBLE YET**.



If you are Eligible, you will read a message displaying **YOU ARE ELIGIBLE TO RECEIVE A VACCINE**

It is recommended you contact your Healthcare Provider to schedule an appointment

To find a Provider with COVID-19 vaccines, please navigate to the following portal:

<https://covid19.ncdhhs.gov/findyourspot>

If you are not yet eligible, your **PRIORITY TIER** group will be visible on the confirmation screen

You will be notified once your group becomes eligible

If you believe the system did not assign the correct Priority Tier group, you can review your answers to the COVID-19 Vaccination (Health) Questionnaire and update them if wrongly answered (reference section **UPDATE COVID-19 VACCINATION (HEALTH) QUESTIONNAIRE** on this user

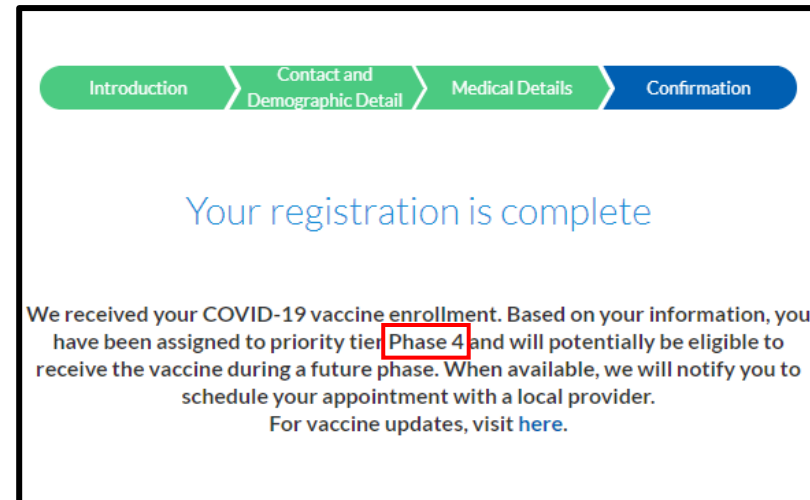


### Audience

Recipient

### Tips

Check the CVMS Recipient Portal for changes to your Eligibility Status.





# Log In to the CVMS Recipient Portal

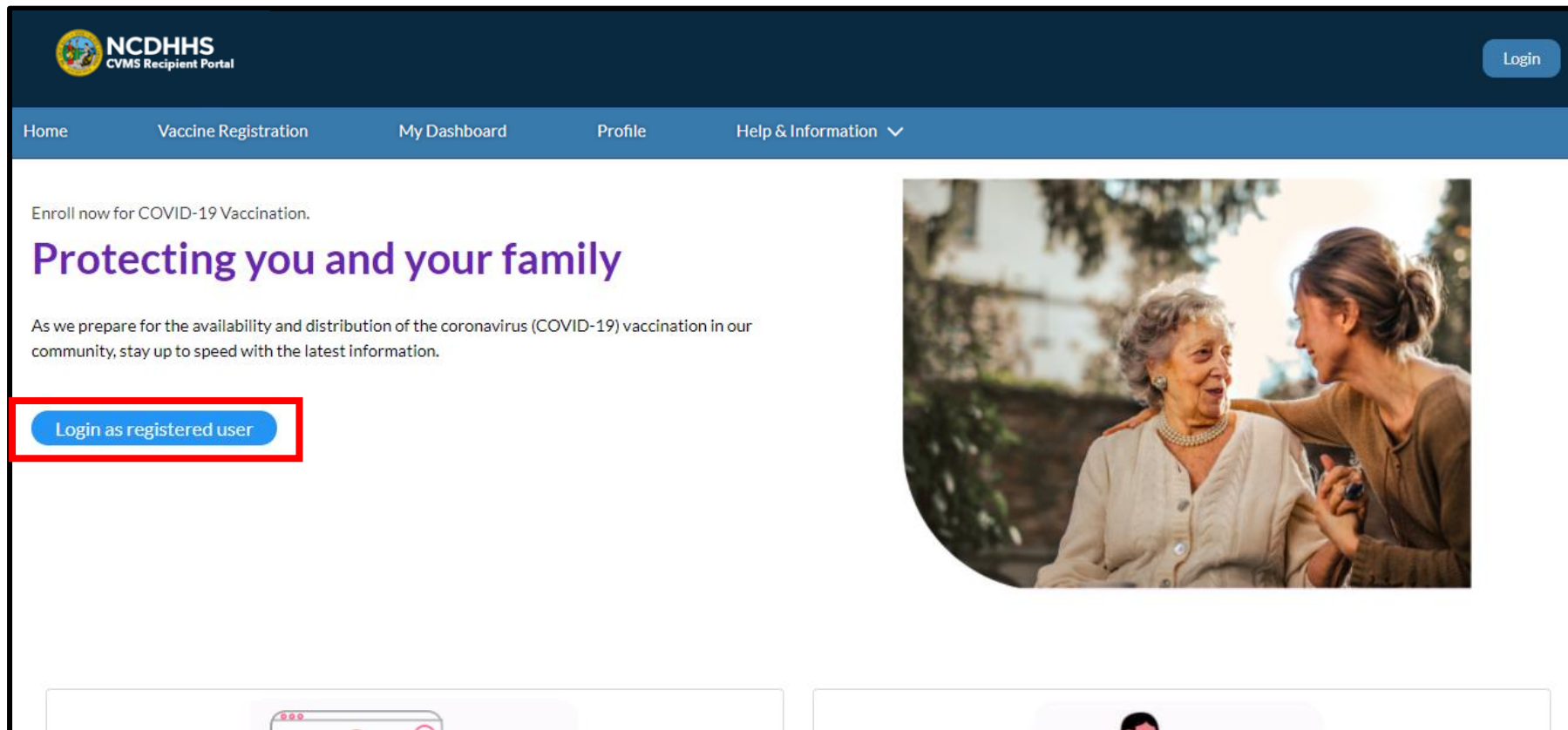
## Step 1 of 4: Log Into the CVMS Recipient Portal

*After registering for a CVMS Recipient Portal account, you may Log In to the CVMS Recipient Portal.*

1. From the Log In screen, click **LOG IN AS REGISTERED USER**
2. The Log In page appears

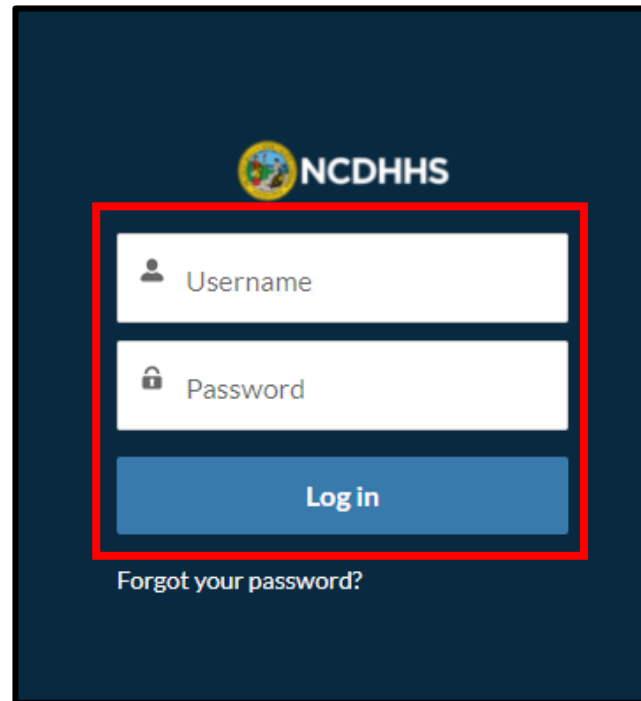
### Audience

Recipient



## Step 2 of 4: Enter Username and Password

1. On the Log In page, enter your **USERNAME** and **PASSWORD**
2. Click **LOG IN**
3. If you forgot your password, click **FORGOT YOUR PASSWORD?**



### Audience

Recipient

### Tips

Refer to your email from *Vaccine Management System* for your username.

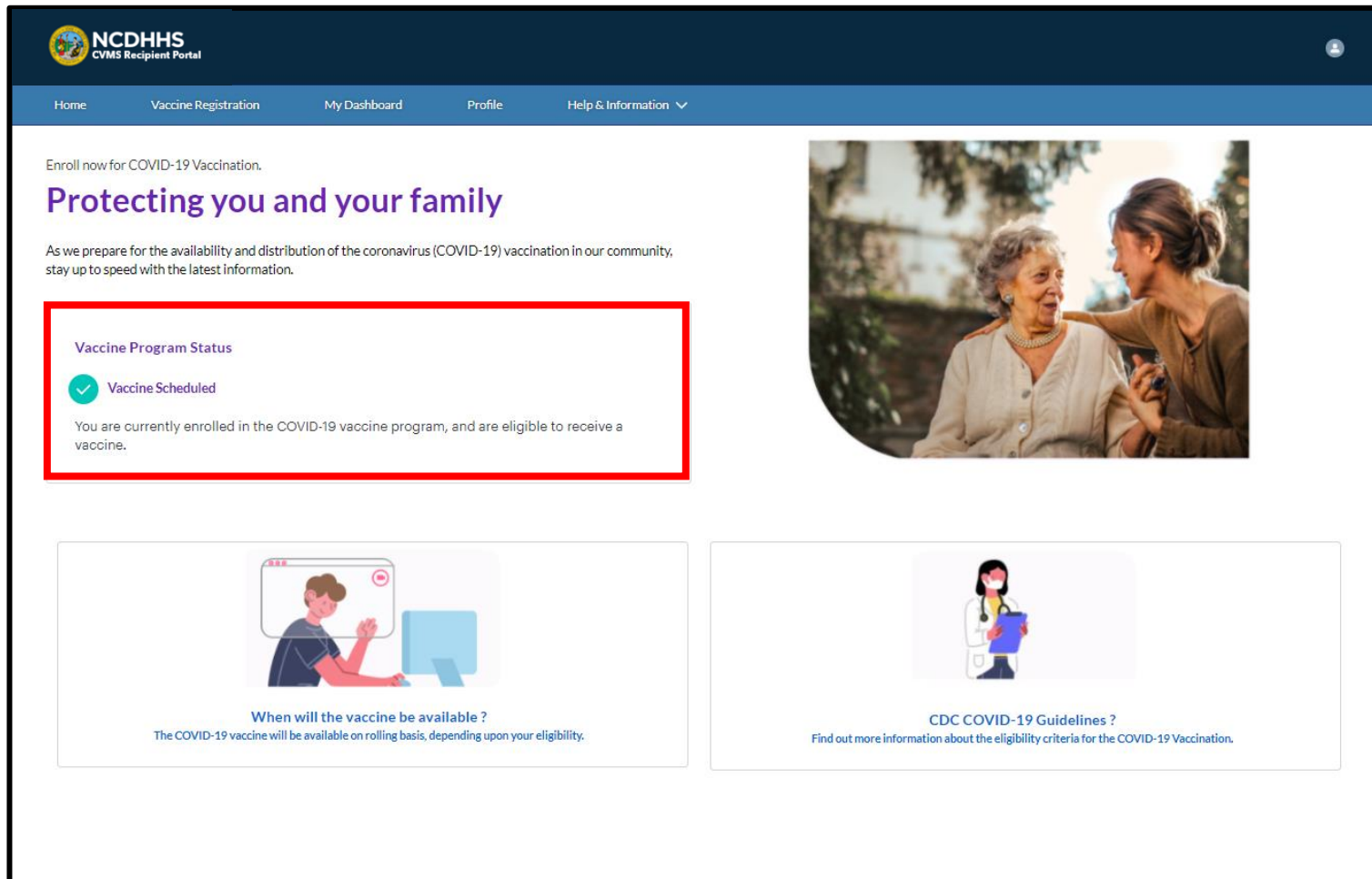
Remember, your username will have **.COVID19VACCINE** at the end.

## Step 3 of 4: View the Homepage

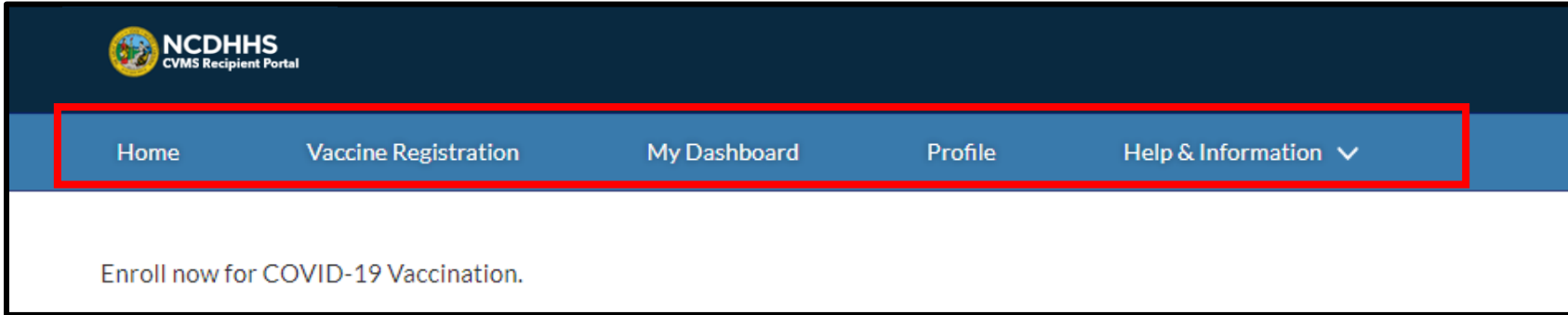
1. After logging in, the **CVMS RECIPIENT PORTAL HOMEPAGE** appears
2. The Homepage displays your **VACCINE PROGRAM STATUS** and indicates if you are **ENROLLED** or **NOT ENROLLED**

### Audience

Recipient



## Step 4 of 4: View the CVMS Recipient Portal Tabs



### Audience

Recipient

In the CVMS Recipient Portal, **TABS** help you navigate between pages.

1. Use the **HOME** tab to return to the Homepage
2. Use the **VACCINE REGISTRATION** tab to register for the COVID-19 vaccine.
  - You can only register once, after registration is complete, refer to the **Update Enrollment Questionnaire** section in this training guide.
  - For initial registration, refer to the **Register for CVMS Recipient Portal** section.
3. Use the **MY DASHBOARD** tab to view your Appointments and your Vaccine Record
4. Use the **PROFILE** tab to update your Enrollment Questionnaire and personal information
5. Use the **HELP & INFORMATION** tab for Frequently Asked Questions

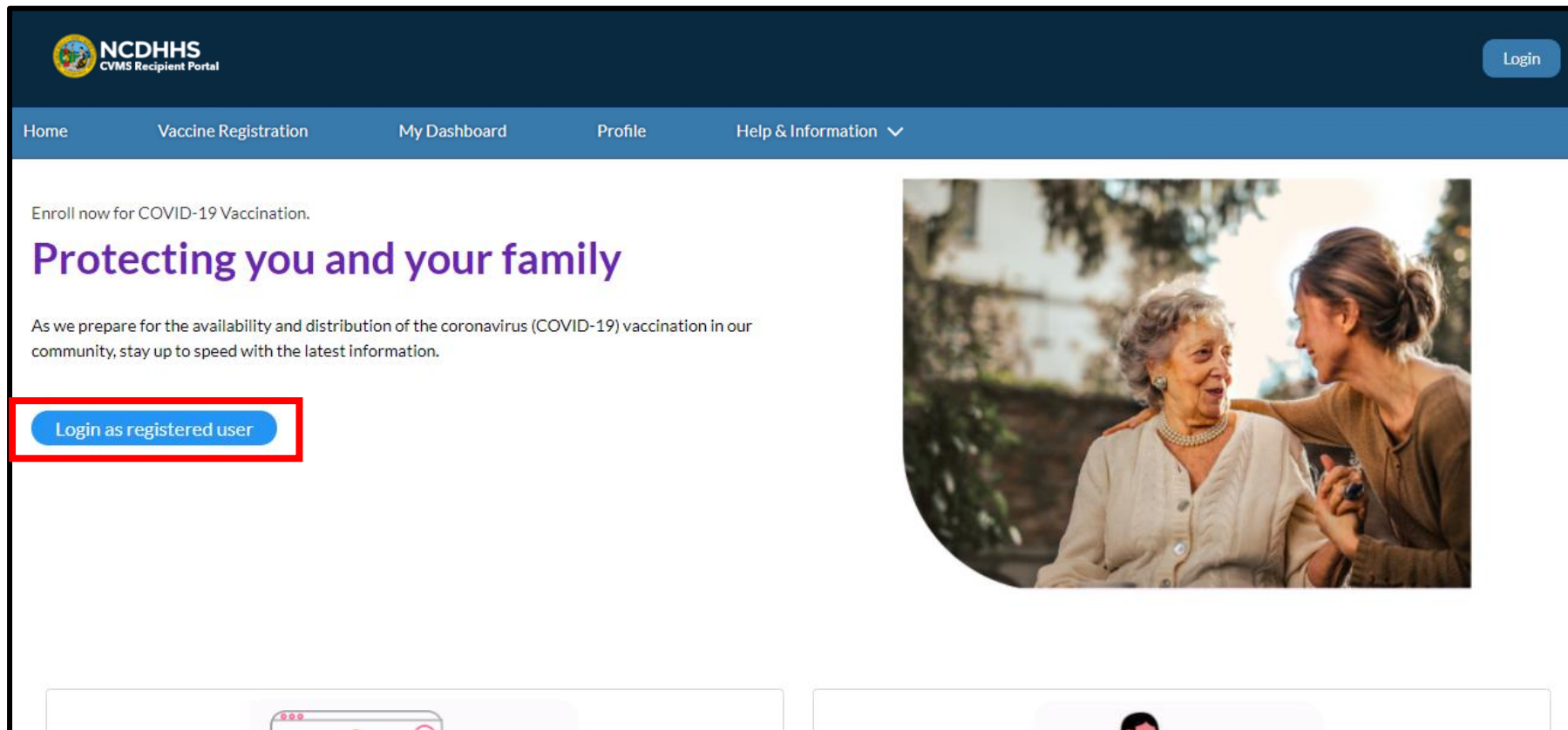
# How to Reset Your Password

## Step 1 of 4: Log Into the CVMS Recipient Portal

1. From the Log In screen, click **LOG IN AS REGISTERED USER**
2. The Log In page appears

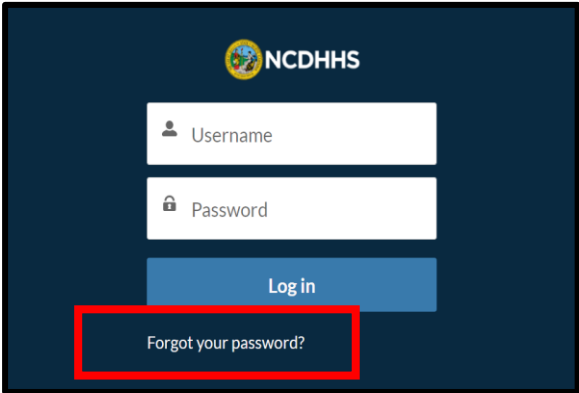
### Audience

Recipient

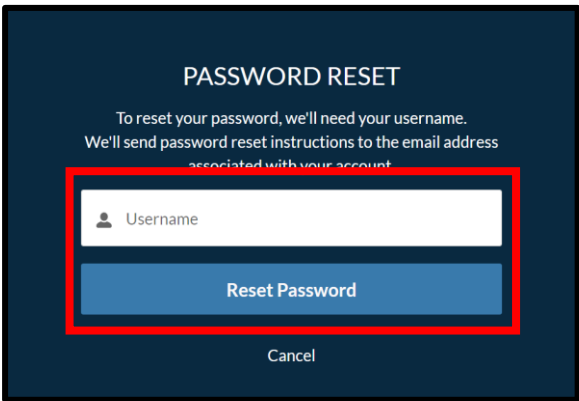


# Step 2 of 4: Initiate the Password Reset

- 1. Click **FORGOT YOUR PASSWORD?**.



- 2. You will see the Password Reset page. Enter your CVMS Recipient Portal **USERNAME**.
- 3. Click **RESET PASSWORD**.



## Audience

Recipient

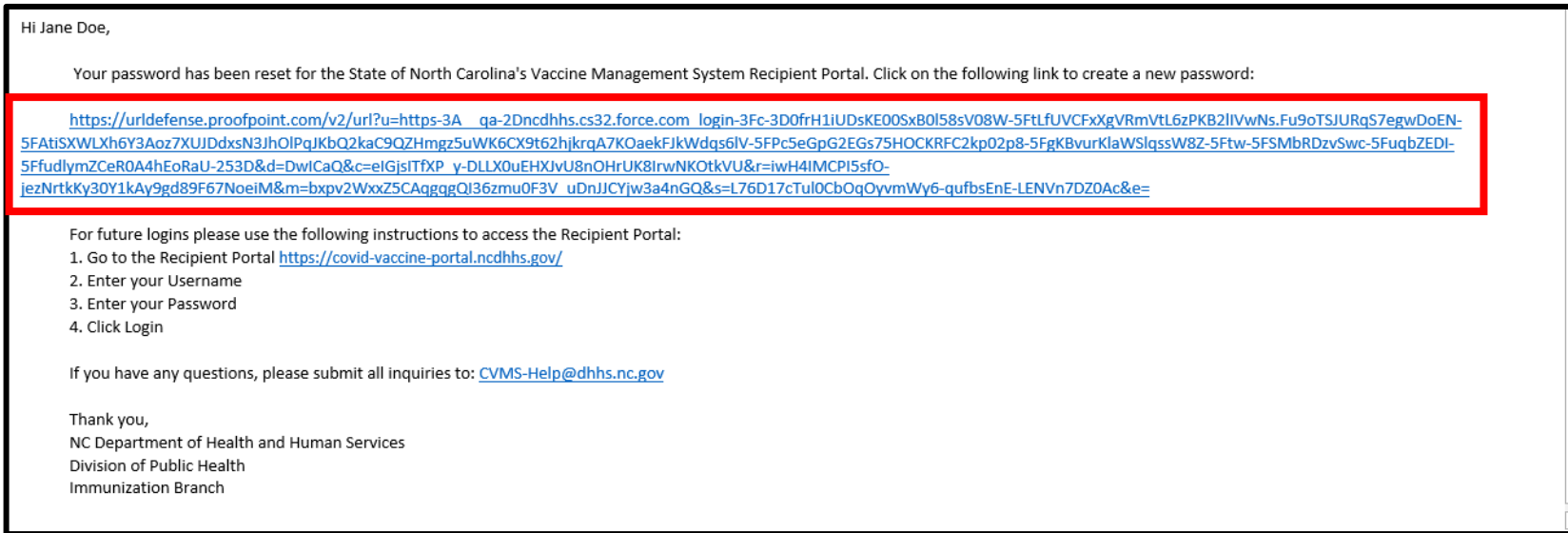
## Tips

Your CVMS Recipient Portal username is unique. It will have **.covid19vaccine** added to the end of the email address that was provided when your account was created.



## Step 3 of 4: Confirm your Email Address

1. **CHECK YOUR EMAIL INBOX.** You will receive an email from the CVMS Recipient Portal with a link to reset your password.
2. Open the Email. Click the **RESET PASSWORD LINK.**
3. A new page will open.



### Audience

Recipient

### Tips

The email CVMS-Help@dhhs.nc.gov mentioned in this screenshot is now retired. Please contact the [CVMS Help Desk Portal](#) with any questions!

## Step 4 of 4: Enter your New Password

1. Enter a **NEW PASSWORD**. On this page, you will see Password Criteria. Your Password must meet the criteria.
2. **CONFIRM THE NEW PASSWORD**. Your password must match.
3. Click **CHANGE PASSWORD**.
4. You will be logged into the CVMS Recipient Portal. You successfully reset your password!

### Audience

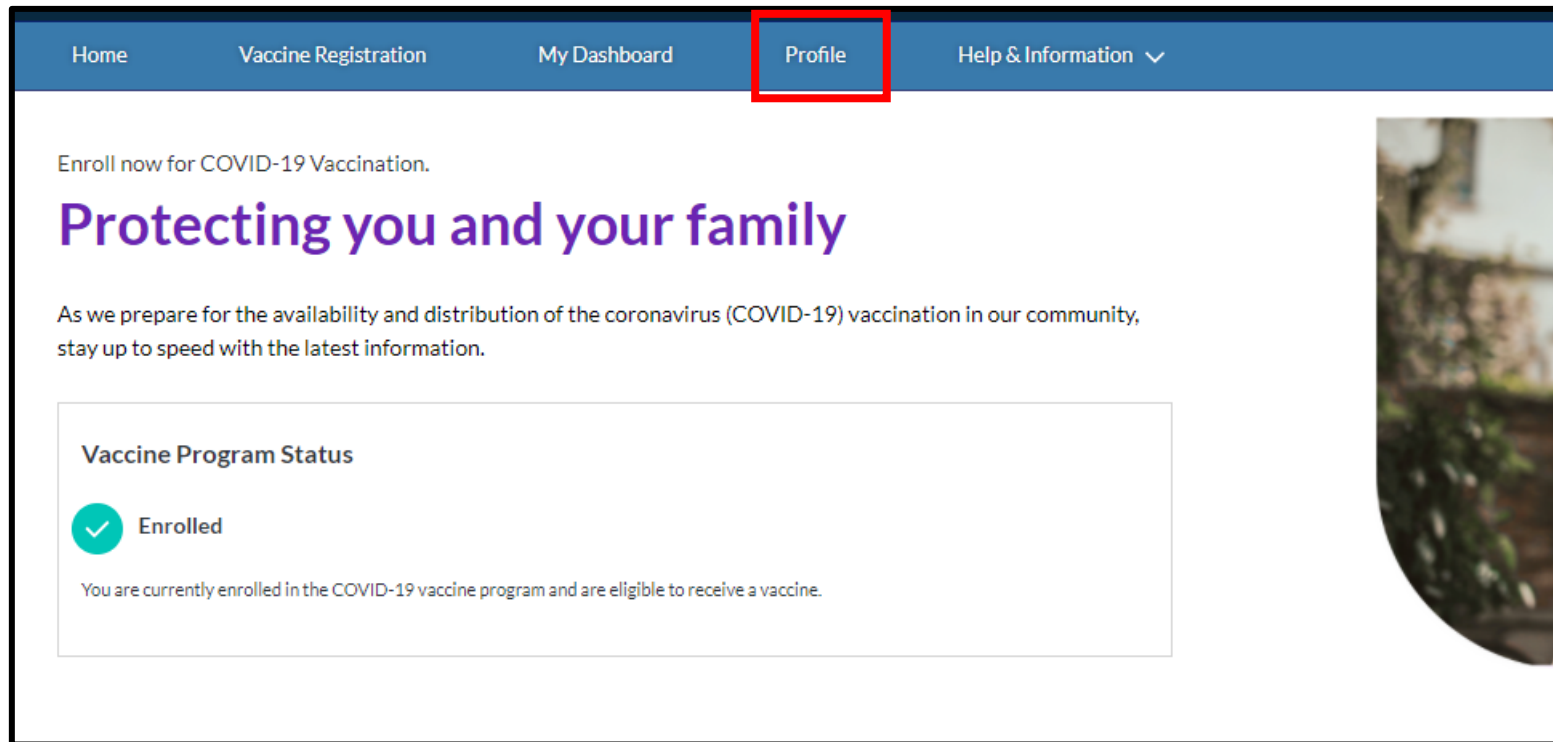
Recipient

# Update Personal Information

## Step 1 of 3: Navigate to Profile

You will be able to **UPDATE YOUR PROFILE** in the CVMS Recipient Portal.

1. From the home page, click **PROFILE**
2. You will be directed to your **PROFILE PAGE**



### Audience

Recipient

# Step 2 of 3: Edit Personal Information

The screenshot shows the NCDHHS CVMS Recipient Portal. The top navigation bar includes 'Home', 'Vaccine Registration', 'My Dashboard', 'Profile' (highlighted with a red box), and 'Help & Information'. Below the navigation bar, the 'My Profile' link is highlighted with a red box. The user's profile information is displayed, including 'Carey Jones' and an 'Edit' button (highlighted with a red box). A pop-up window titled 'Edit Contact Information' is overlaid on the profile page. The pop-up contains fields for First Name, Last Name, Email, Gender, Street, City, County, State, and Zip Code. The 'Update' button at the bottom right of the pop-up is highlighted with a red box.

From the **PROFILE PAGE**, you can edit your Personal Information.

1. Click **EDIT**
2. Update your information as needed in the pop-up window.
3. Click **UPDATE**
4. The pop-up window closes

## Audience

Recipient

## Tips

To close Edit Contact Information without saving, click Cancel.

# Step 3 of 3: View Updated Personal Information

After updating your personal information, the **SUCCESS** banner appears. Your updates were saved.

Success

HomeVaccine RegistrationMy DashboardProfileHelp & Information

My Profile

Enrollment Questionnaire

Carey Jones

Edit

First Name	Last Name
Carey	Jones
Email	Mobile Phone
careyjones@email.com	9191234567
Address	Home Phone
123 Street	
City, North Carolina 27612	
Communication Preference	Date of Birth (MM/DD/YYYY)
SMS	1984-04-01
Age	Gender
36 Years	Male
Race	Ethnicity
White	Not Hispanic or Latino
County	
Wake	

Vaccine Program Status

Vaccine Scheduled

You are currently enrolled in the COVID-19 vaccine program, and are eligible to receive a vaccine.

Frequently Asked Questions

[What are the eligibility criteria for the COVID-19 vaccine?](#)

[When will the vaccine be available?](#)

## Audience

Recipient

# Update COVID-19 Vaccination (Health) Questionnaire

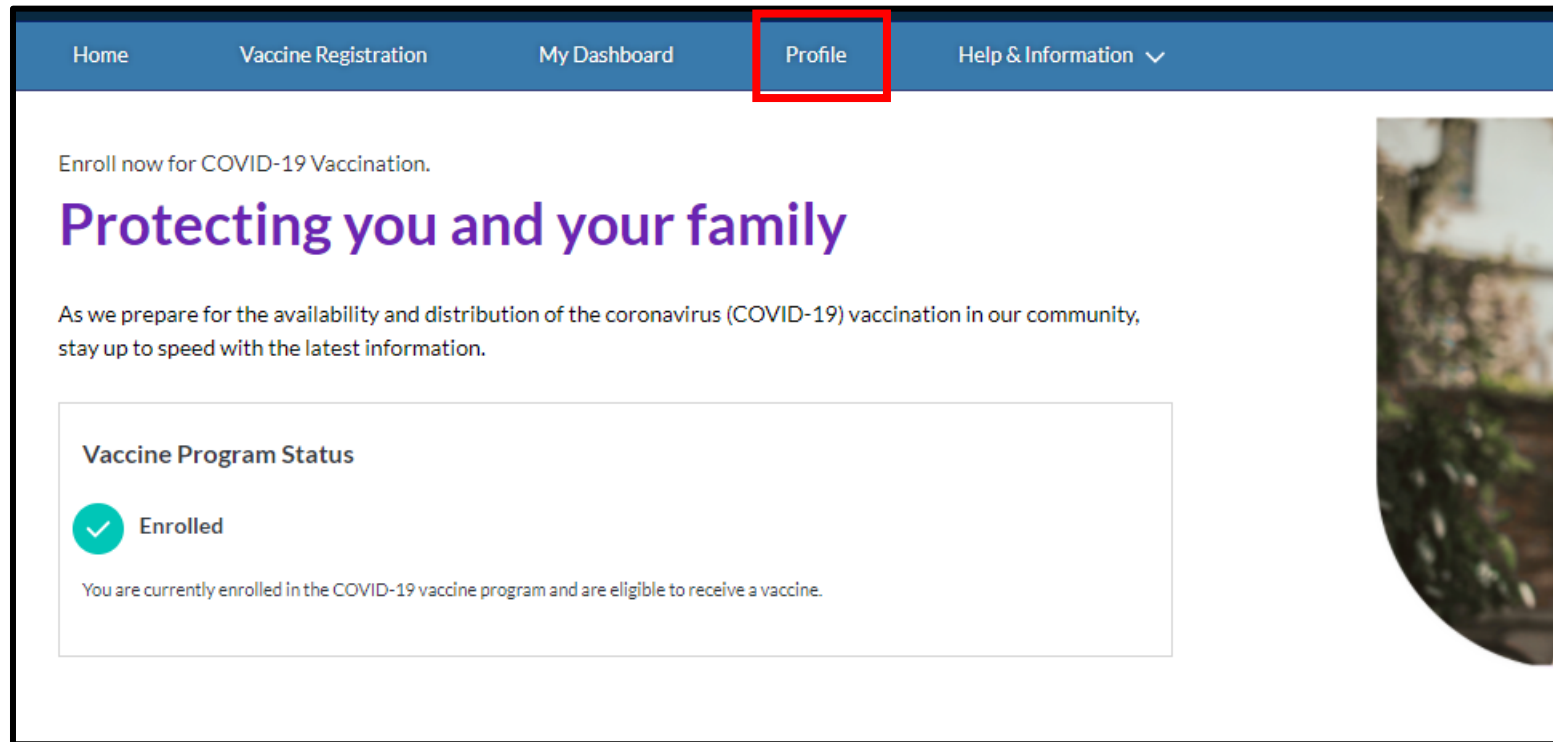
## Step 1 of 4: Navigate to My Profile

You will be able to **UPDATE** your responses to the **COVID-19 VACCINATION (HEALTH) QUESTIONNAIRE** that you completed when you first enrolled.

1. Click **PROFILE**
2. You will be directed to your **PROFILE PAGE**

### Audience

Recipient

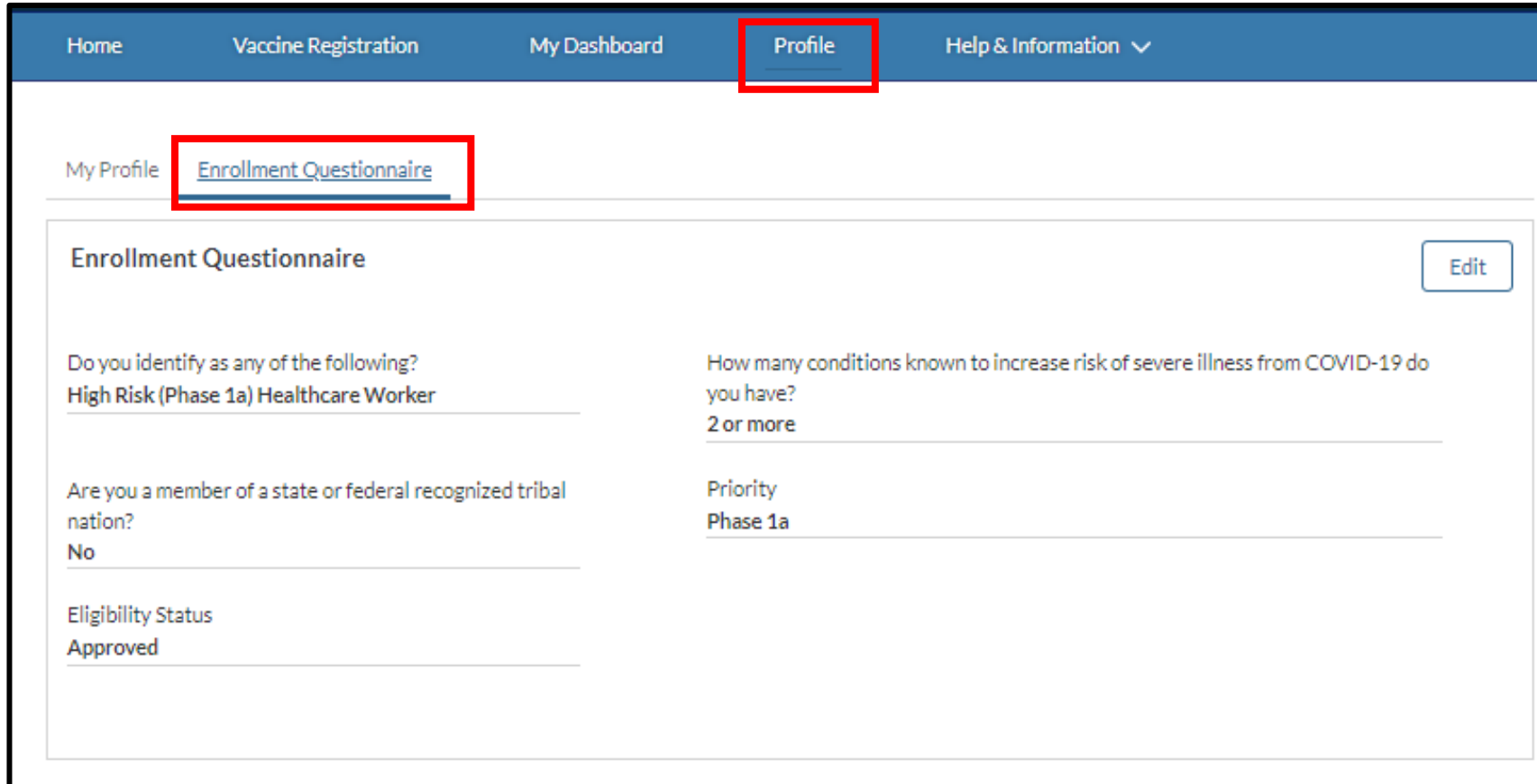




## Step 2 of 4: Navigate to Enrollment Questionnaire (COVID-19 Vaccination (Health) Questionnaire)

From the **PROFILE** page, locate the section **ENROLLMENT QUESTIONNAIRE**

1. Click **ENROLLMENT QUESTIONNAIRE**
2. The **ENROLLMENT QUESTIONNAIRE** page will open



The screenshot displays a web application interface. At the top is a blue navigation bar with links: Home, Vaccine Registration, My Dashboard, Profile (highlighted with a red box), and Help & Information. Below the navigation bar, on the left, is a 'My Profile' section with a link to 'Enrollment Questionnaire' (also highlighted with a red box). The main content area is titled 'Enrollment Questionnaire' and contains several input fields. The first field is 'Do you identify as any of the following?' with the value 'High Risk (Phase 1a) Healthcare Worker'. The second field is 'How many conditions known to increase risk of severe illness from COVID-19 do you have?' with the value '2 or more'. The third field is 'Are you a member of a state or federal recognized tribal nation?' with the value 'No'. The fourth field is 'Priority' with the value 'Phase 1a'. The fifth field is 'Eligibility Status' with the value 'Approved'. An 'Edit' button is located in the top right corner of the questionnaire section.

Home	Vaccine Registration	My Dashboard	Profile	Help & Information
------	----------------------	--------------	---------	--------------------

My Profile

[Enrollment Questionnaire](#)

### Enrollment Questionnaire

Do you identify as any of the following?  
High Risk (Phase 1a) Healthcare Worker

How many conditions known to increase risk of severe illness from COVID-19 do you have?  
2 or more

Are you a member of a state or federal recognized tribal nation?  
No

Priority  
Phase 1a

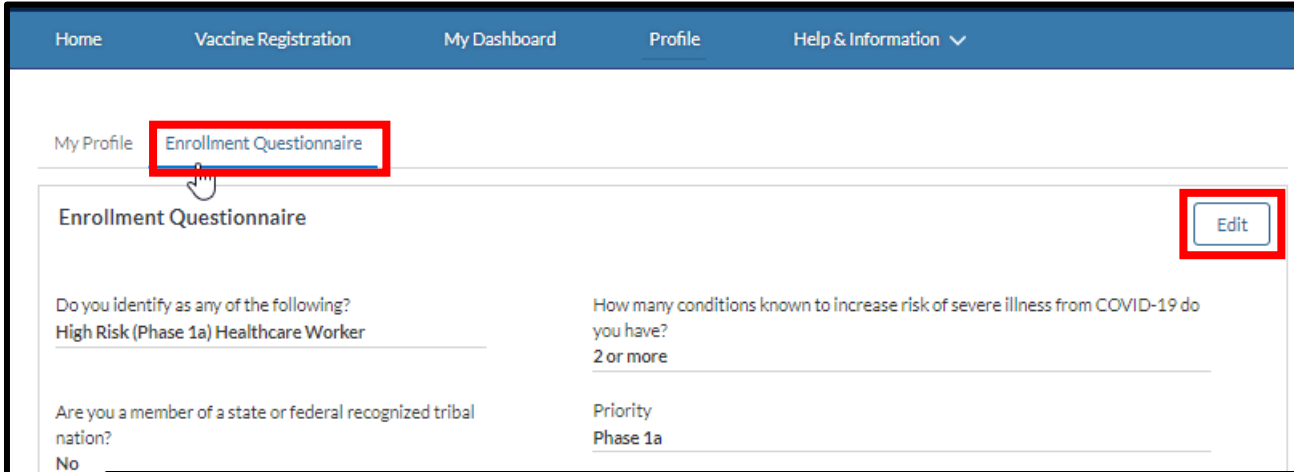
Eligibility Status  
Approved

Edit

### Audience

Recipient

## Step 3 of 4: Edit Enrollment Questionnaire (COVID-19 Vaccination (Health) Questionnaire)



Home Vaccine Registration My Dashboard Profile Help & Information

My Profile **Enrollment Questionnaire**

Enrollment Questionnaire

Do you identify as any of the following?  
High Risk (Phase 1a) Healthcare Worker

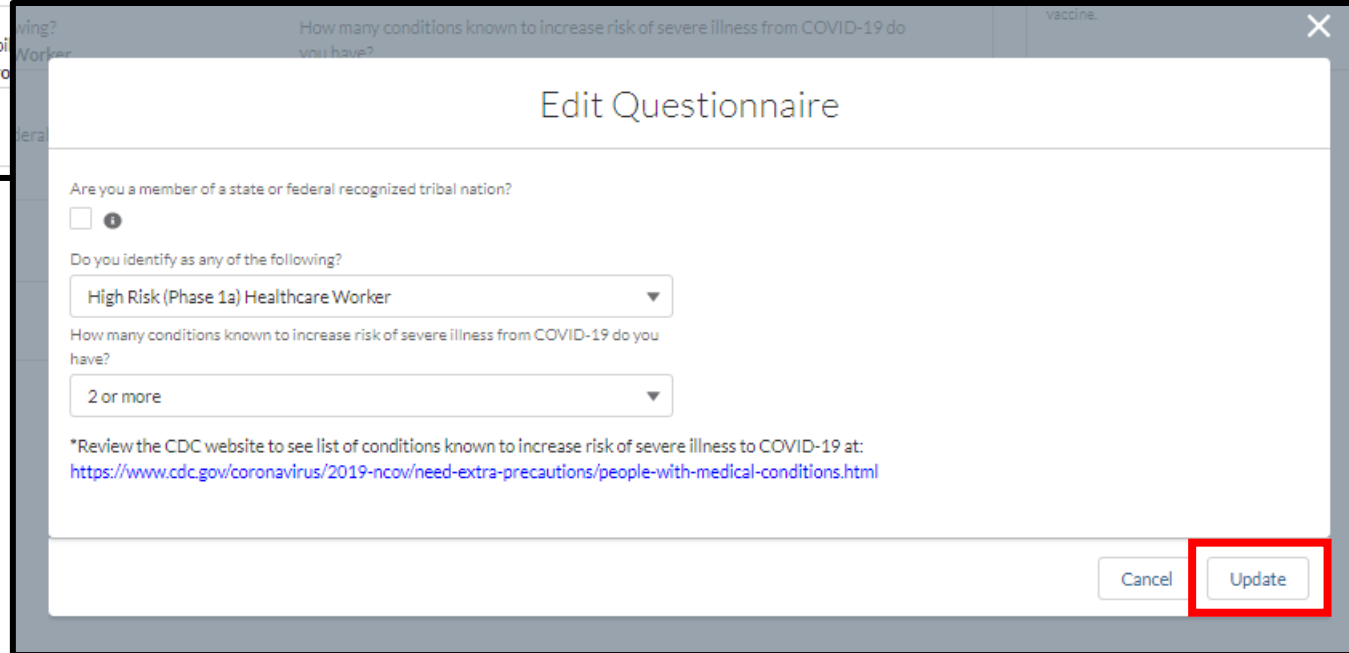
How many conditions known to increase risk of severe illness from COVID-19 do you have?  
2 or more

Are you a member of a state or federal recognized tribal nation?  
No

Priority  
Phase 1a

Edit

1. Click **EDIT**
2. The **EDIT QUESTIONNAIRE** pop-up window appears
3. **EDIT** your information as needed
4. Click **UPDATE**
5. The Edit Questionnaire pop-up window closes



Edit Questionnaire

Are you a member of a state or federal recognized tribal nation?  
☐

Do you identify as any of the following?  
High Risk (Phase 1a) Healthcare Worker

How many conditions known to increase risk of severe illness from COVID-19 do you have?  
2 or more

\*Review the CDC website to see list of conditions known to increase risk of severe illness to COVID-19 at:  
<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

Cancel Update

### Audience


Recipient

### Tips


Editing the questionnaire may update your Priority Tier and Eligibility status.

# Step 4 of 4: View Updated Enrollment Questionnaire (COVID-19 Vaccination (Health) Questionnaire)

After updating the questionnaire, the **SUCCESS** banner appears.



Success



HomeVaccine RegistrationMy DashboardProfileHelp & Information

My Profile

Enrollment Questionnaire

Enrollment Questionnaire

Edit

Do you identify as any of the following?  
High Risk (Phase 1a) Healthcare Worker

Are you a member of a state or federal recognized tribal nation?  
No

Eligibility Status  
Approved

How many conditions known to increase risk of severe illness from COVID-19 do you have?  
2 or more

Priority  
Phase 1a

Vaccine Program Status

Enrolled

You are currently enrolled in the COVID-19 vaccine program and are eligible to receive a vaccine.

## Audience

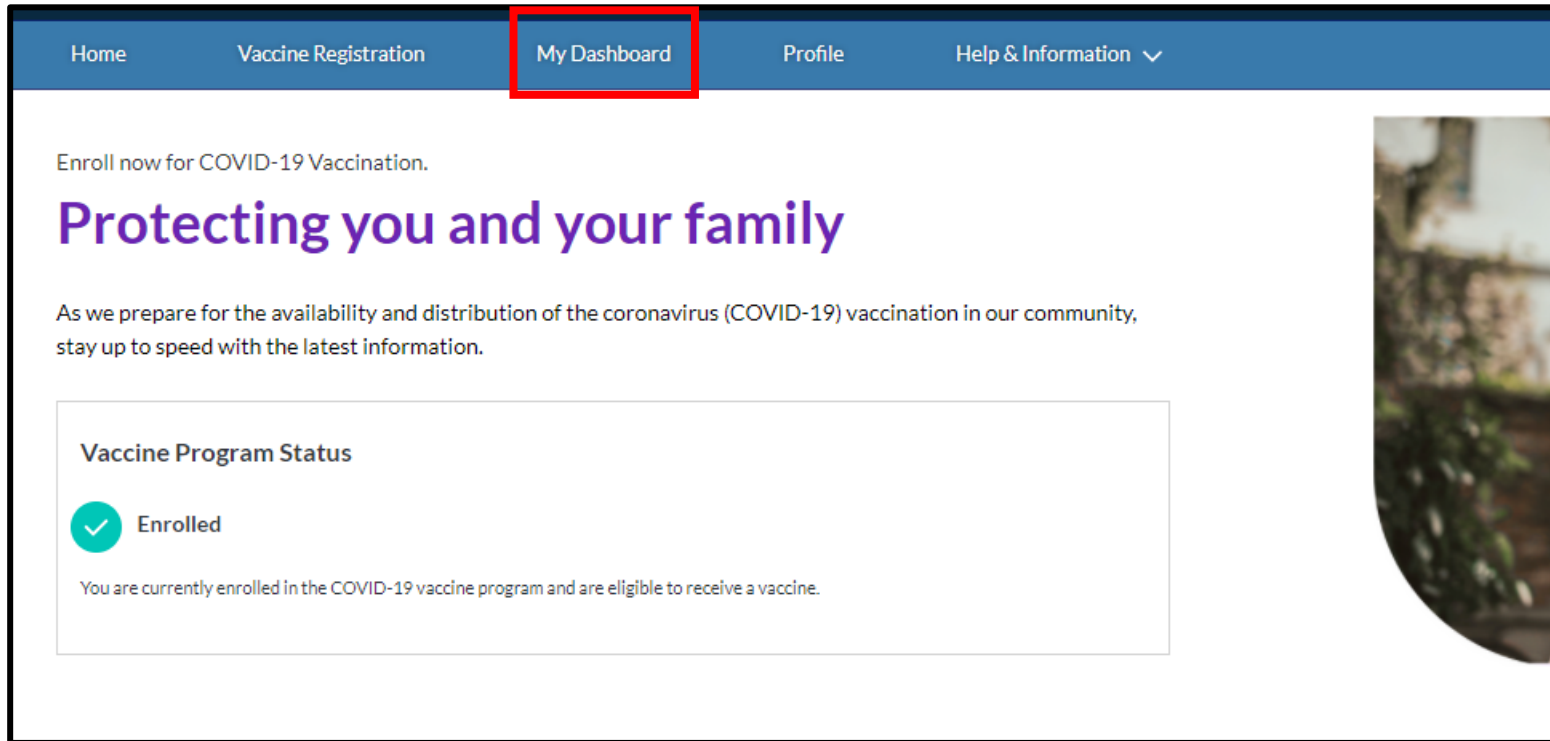
Recipient

# View Vaccine Record

## Step 1 of 3: Navigate to My Dashboard

Once you receive the COVID-19 vaccine (first dose, second dose or both), you will be able to **VIEW YOUR VACCINATION DETAILS** in the CVMS Recipient Portal.

1. From the home page, click **MY DASHBOARD**
2. You will be directed to the **MY DASHBOARD PAGE**



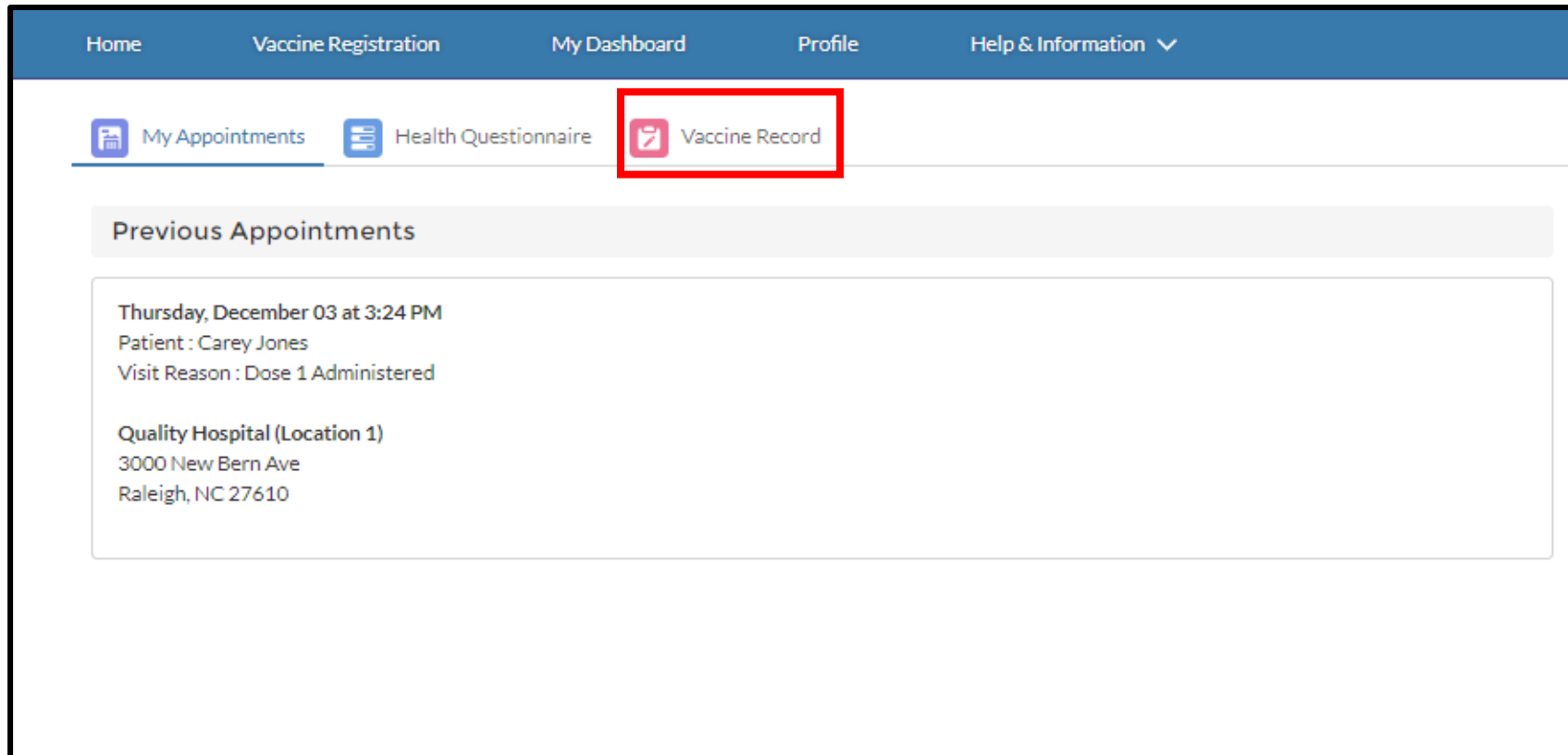
### Audience

Recipient

## Step 2 of 3: Navigate to Vaccine Record

The **MY DASHBOARD** page has **THREE MAIN SECTIONS**. You can view your Vaccine information under **VACCINE RECORD**.

1. Click **VACCINE RECORD**
2. You will be directed to the **VACCINE RECORD PAGE**

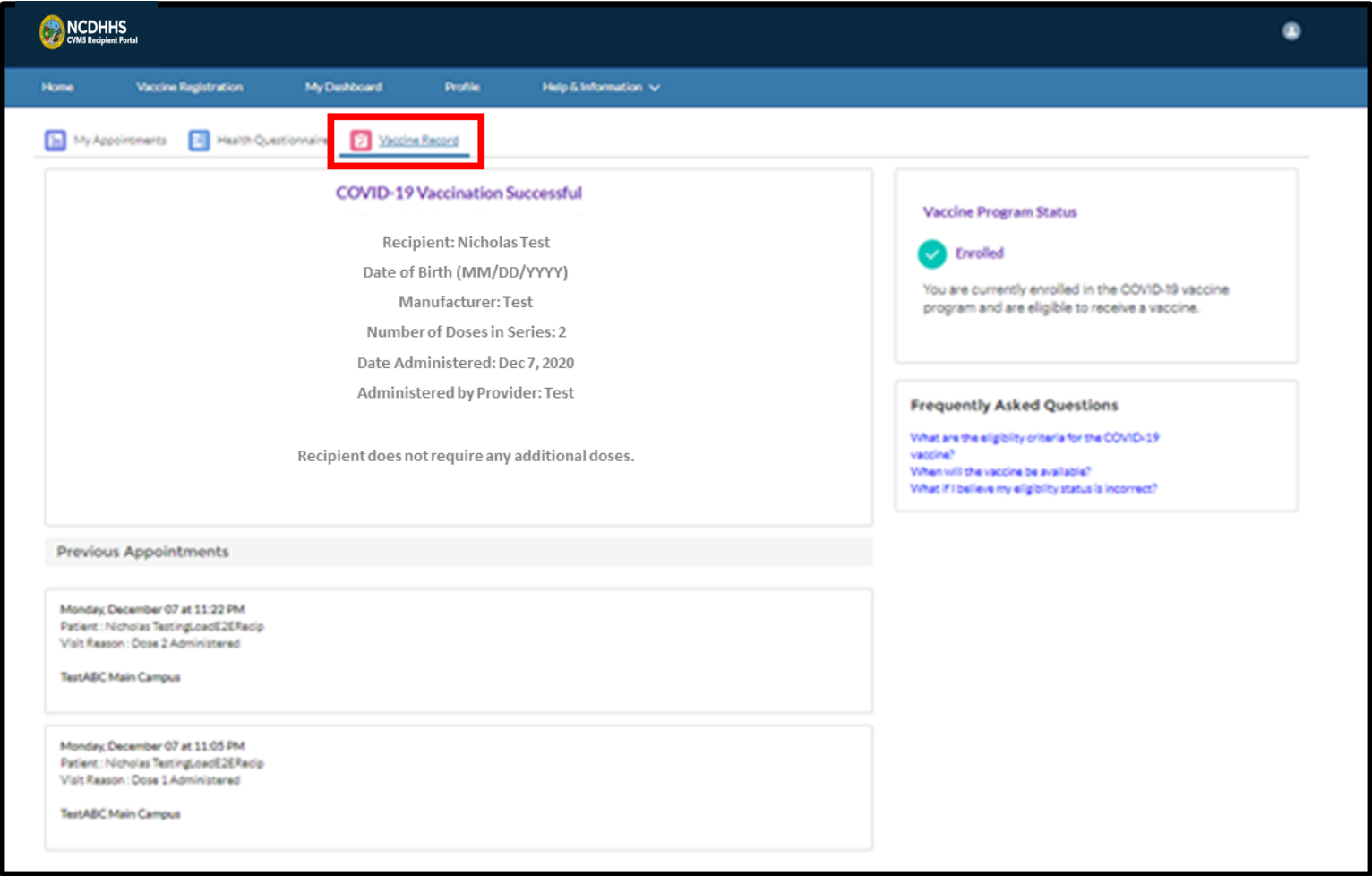


### Audience

Recipient

# Step 3 of 3: View Vaccine Record

On the **VACCINE RECORD** page, you can **VIEW** your **PROOF OF VACCINATION** and the **VACCINE DETAILS**.



## Audience

Recipient

## Tips

If needed, use your browser’s print option to print this page.

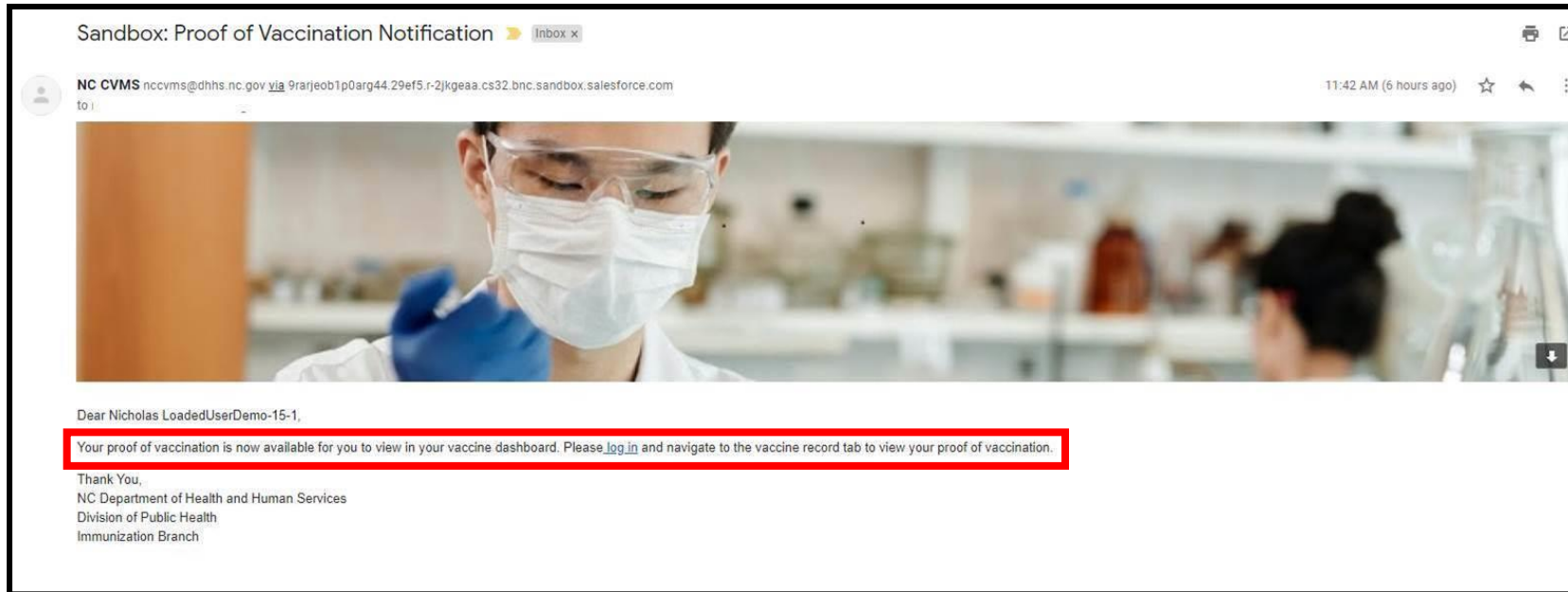
# Proof of vaccination received by email

Once you receive the first dose and / or second dose of the COVID-19 vaccine, an email will be sent to the email address in your profile in the CVMS Recipient Portal (if any). This email will inform you how to view your proof of vaccination within the CVMS Recipient Portal.

This email will be sent from the Vaccine Management System at [nccvms@dhhs.nc.gov](mailto:nccvms@dhhs.nc.gov).

## Audience

Recipient





# Receive Reminders for your Second Dose Appointment

# Post-Vaccine Administration Reminders

After you received your first dose, you will be sent **TWO (2) SECOND DOSAGE REMINDER NOTIFICATIONS**, please be mindful of the timing requirements for the second dosage and make an appointment with your provider:

1. The first reminder is sent **24 HOURS** after your first dose is entered into CVMS by the provider
2. The second reminder is sent **ONE WEEK AFTER** the first dose is administered.

You also will be sent a **NOTIFICATION** informing you of your **PROOF OF VACCINATION**. This will be automatically generated for you.

**NOTE: COVID-19 vaccination record cards should be provided to you after you receive your vaccine.**

You can request your Provider to share a completed vaccination record card with important information about the COVID-19 vaccine you received (i.e., vaccine manufacturer, lot number, date of first dose administration, and second dose due date).

## Audience

Recipient

## Tips

Take a picture of the vaccination record card you receive from your Provider to help keep track of the second dose due date.

# Appendix

# Additional Notes

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## Contact Information:

- All questions should be directed to the CVMS Help Desk Portal at [https://ncgov.servicenowservices.com/csm\\_vaccine](https://ncgov.servicenowservices.com/csm_vaccine).
- Select the "**Vaccine Recipient**" option to submit your question, issue, or request.

## Supported Web Browsers:

- Please use the latest version of Chrome, Edge Chromium, Firefox, or Safari browsers to access CVMS.
- For more information on supported browsers, see [https://help.salesforce.com/articleView?id=getstart\\_browsers\\_sfx.htm&type=5](https://help.salesforce.com/articleView?id=getstart_browsers_sfx.htm&type=5)
- Note: Internet Explorer and Edge (Non-Chromium) will not be supported.

# User Guide Change Log

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## Key Items:

- **Date of Change:** Date that any updates were made to the User Guide
- **Changes Made:** Summary of the updates made within the User Guide
- **Impacted Slides:** Specific slides that were updated or changed
- **Author:** The user that made the updates to the User Guide

Version	Date of Change	Changes Made	Impacted Slides	Author
1	12/10/2020	<ul style="list-style-type: none"><li>• Original document</li></ul>		Azalea Troche
2	12/21/2020	<ul style="list-style-type: none"><li>• Registering is optional, COVID-19 Vaccination (Health) Questionnaire Updates, how to reset the password</li></ul>	6, 9, 15, 22-26	Azalea Troche
3	01/14/2021	<ul style="list-style-type: none"><li>• Update email notification for CVMS Recipient Portal Account registration</li><li>• Updated COVID-19 Vaccination (Health) Questionnaire</li><li>• Updated Branding</li><li>• Date of Birth label change</li></ul>	9, 13, 15, 33, 34, 35  5, 11, 13, 15, 18, 20, 21, 23, 29, 30, 35, 39	Azalea Troche  Tabitha McKelvy
4	01/19/2021	<ul style="list-style-type: none"><li>• Included the email a recipient will receive after receiving a dose</li></ul>	40	Courtney Seward